

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11212

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> - <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannouell Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannouell - Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>-</u>	c. (Last) <u>Blincoe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March-25-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 6 - 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>			

13a. FATHER'S NAME <u>James Henry Blincoe</u>	13b. MOTHER'S MAIDEN NAME <u>Marjorie Ann Michael</u>	14. NAME OF HUSBAND OR WIFE <u>Luella W. Blincoe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>390-10-4603</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Luella W. Blincoe</u>	ADDRESS <u>Hannouell</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Thirty Eight (38) Licks Revolver wound</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the aggravating cause last. <u>Chen Urtis DUE TO (b) Entering Right Temple just above the Ear passing thru Urtis DUE TO (c) Left Temple above Left Ear.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Self Inflicted Injury Blunt Weapon</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9.976</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hldg., etc.) <u>at Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannouell Shelby Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 25 - 1949 6 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self Inflicted</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. W. Musgrove (Coroner)</u>	23b. ADDRESS <u>Bethel, Mo</u>	23c. DATE SIGNED <u>3/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Rose Cemetery Hannouell - Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Hannouell - Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 28 - 49</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>Anna Funeral Home - Hannouell Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1028

1000 19 1949

RECEIVED
District Health Officer No. 10
District File Number 4. 49. 584
Date Filed APR 4 - 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Paul E. Hayes
Licensed Embalmer No. 4461

P. O. Address Shelburne, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.